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C. Comparability of Services:

- ____ Services are provided in accordance with §1902(a)(10)(B) of the Act.
- X Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services are activities that are coordinated on an individual client basis and are designed to help persons with serious and persistent mental illness or severe emotional disturbance in gaining access to needed medical, social, educational, financial, or other services necessary to meet the client's needs.

Case Management services include:

1. Completion and regular review of a written functional assessment.
2. The development and regular review of a written individual community support plan for the client based on both a functional and a diagnostic assessment of the client and incorporating the client's individual treatment plans.
3. Assisting the client to access appropriate mental health or other service providers, consistent with §1902(a)(23) of the Act.
4. Coordination of the provision of services consistent with §1902(a)(23) of the Act.
5. Monitoring the client's progress and the effectiveness of the individual community support plan.
6. Monitoring the discharge planning process for a client being discharged from a residential treatment facility, regional treatment center, or inpatient hospital.

D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to recover payment:
 - A. for an adult, the case management service provider must document at least a:
 - (1) face-to-face contact with the client or the client's legal representative; or
 - (2) telephone contact with the client or the client's legal representative and document a face-to-face contact with the client or the client's legal representative within the preceding two months.
 - B. for a child, the case management service provider must document at least a face-to-face contact with the client or the client's parents or legal representative.
2. Contacts between the case manager or case manager associate and their clinical supervisor concerning the client.
3. Development, review and revision of the client's individual community support plan and functional assessment.
4. Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.
5. Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

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D. Definition of Services: (continued)

The above components of case management services must fall within the following parameters to be eligible for medical assistance payment:

1. For clients in hospitals, NFs, or ICFs/MR, payment for case management services is limited to the last 180 consecutive days before discharge in an effort to establish continuity of care and community-based services recommended by the discharge planning team. This 180-day coverage may not exceed more than six months in a calendar year.

Case management services will not duplicate those provided as part of the institution's discharge plan.

2. A client's continued eligibility for case management services must be determined every 36 months by the local agency. The determination of whether the client continues to have a diagnosis of serious and persistent mental illness or severe emotional disturbance must be based on updating the client's diagnostic assessment or on the results of conducting a complete diagnostic assessment because the client's mental health status or behavior has changed markedly.

The following services are not eligible for payment as case management services:

1. Diagnostic assessment.
2. Administration and management of a client's medications.
3. Legal services, including legal advocacy, for the client.
4. Information and referral services that are part of a county's community social service plan.
5. Outreach services including outreach services provided through the community support services program.
6. Services that are not documented as required under Minnesota Rules, part 9520.0920, subpart 1.

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D. Definition of Services: (continued)

7. Services that are otherwise eligible for payment on a separate schedule under Minnesota Rules, parts 9505.0170 to 9505.0475 or other rules of the Department.
8. Therapy or treatment services.

E. Qualifications of Providers:

A case management service provider must be:

1. A local agency, defined as a county or multi-county agency that is authorized under state law as the agency responsible for determining eligibility for the Medical Assistance Program. As the local mental health authority, the local agency is responsible for assuring that persons have access to mental health and other services, consistent with §1902(a)(23) of the Act;
2. An entity under contract with the local agency to provide case management services;
3. An entity meeting program standards set out in rules governing family community support services for children with severe emotional disturbance (when these standards meet the program standards in Minnesota Rules, parts 9520.0900 to 9520.0926 [governing case management for children with severe emotional disturbance] and 9505.0322, excluding subparts 6 [mental health case management services] and 10 [limitations on payment]);
4. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638 or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 (formerly Title III of P.L. 93-638), operating as a 638 facility; or
5. An entity under contract with a facility of the Indian Health Service or a 638 facility.

E. Qualifications of Providers: (continued)

1. **Case managers.** The following are considered case managers.

- A. Mental health professionals as defined in item 6.d.A. of this attachment. Case management supervisors must also meet the criteria for mental health professionals.
- B. Individuals who:
 - (1) are skilled in the process of identifying and assessing a wide range of client needs;
 - (2) are knowledgeable about local community resources and how to use those resources for the benefit of the client;
 - (3) (a) hold a bachelor's degree in one of the behavioral sciences or related fields including, but not limited to, social work, psychology, or nursing from an accredited college or university, or
 - (b) (1) have at least three or four years of experience as case manager associates;
 - (2) are registered nurses with a combination of specialized training in psychiatry and work experience consisting of community interaction and involvement or community discharge planning in a mental health setting totaling three years; or
 - (3) qualified before July 1, 1999, as case managers under provisions covering Department recognition of individuals without bachelor's degrees who had 40 hours of approved training in case management skills and at least 6,000 hours of supervised experience in the delivery of mental health services; and,
 - (4) if providing case management services to children, have experience and training in working with children.

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E. Qualifications of Providers: (continued)

- Case managers with at least 2,000 hours of supervised experience in the delivery of services to adults or children must receive regular ongoing supervision and clinical supervision totaling 38 hours per year, of which at least one hour per month must be clinical supervision regarding individual service delivery with a case management supervisor. The remainder may be provided by a case manager with two years of experience. Group supervision may not constitute more than one-half of the required supervision hours. Clinical supervision must be documented in the recipient's record.
 - Case managers without 2,000 hours of supervised experience in the delivery of mental health services to adults with mental illness or to children with severe emotional disturbance must begin 40 hours of training approved by the Department of Human Services in case management skills and in the characteristics and needs of adults with serious and persistent mental illness or children with severe emotional disturbance. Case managers must also receive clinical supervision regarding individual service delivery from a mental health professional at least one hour per week until the requirement of 2,000 hours of experience is met.
 - A case manager who is not licensed, registered, or certified by a health-related licensing board must receive 30 hours of continuing education and training in mental illness, severe emotional disturbance and mental health services ~~annually~~ every two years.
2. **Case manager associates.** A case manager associate must:
- A. work under the direction of a case manager or case management supervisor;
 - B. be at least 21 years of age;
 - C. have a high school diploma or equivalent; and
 - D. meet one of the following:
 - (1) have an associate of arts degree in one of the behavioral sciences or human services;

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E. Qualifications of Providers: (continued)

- (2) be a registered nurse without a bachelor's degree;
 - (3) within the previous ten years:
 - (a) if providing case management services to adults, have three years of life experience with serious and persistent mental illness or as a child had severe emotional disturbance; or
 - (b) if providing case management services to adults or children, have three years of life experience as a primary caregiver to an adult with serious and persistent mental illness or to a child with severe emotional disturbance;
 - (4) have 6,000 hours work experience as a nondegreed state hospital technician; or
 - (5) meet the criterion in state law for mental health practitioner: have at least 6,000 hours of supervised experience in the delivery of services to persons with mental illness.
- Individuals meeting one of the criteria in (1) to (4) above may qualify as a case manager after four years of supervised work experience as a case manager associate. Individuals meeting the criteria in (5) may qualify as a case manager after three years of supervised experience as a case manager associate.
 - Case manager associates must meet the following supervision, mentoring, and continuing education requirements:
 - (a) have 40 hours of preservice training as described on page 8 of this item for case management for clients with serious and persistent mental illness or for children with severe emotional disturbance;

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E. Qualifications of Providers: (continued)

- (b) receive at least 40 hours of continuing education in mental illness or severe emotional disturbance, and mental health services annually; and
- (c) receive at least five hours of mentoring per week from a case management mentor. For purposes of this item, "case management mentor" means a qualified, practicing case manager or case management supervisor who teaches or advises and provides intensive training and clinical supervision to one or more case manager associates. Mentoring may occur while providing direct services to clients in the office or in the field and may be provided to a case manager associate or to a group of case manager associates. At least two mentoring hours per week must be individual and face-to-face.

3. **Others.**

An immigrant who is neither a case manager nor a case manager associate may provide case management services to adult immigrants with serious and persistent mental illness or to children with severe emotional disturbance who are members of the same ethnic group if the immigrant:

- A. is currently enrolled in and is actively pursuing credits toward the completion of a bachelor's degree in one of the behavioral sciences or a related field including, but not limited to, social work, psychology, or nursing from an accredited college or university;
- B. completes 40 hours of training; and
- C. for case management services to clients with serious and persistent mental illness, receives clinical supervision at least once a week until he or she becomes a case manager or case manager associate; or
- D. for case management services to children with severe emotional disturbance, receives clinical supervision at least once a week until he or she receives a bachelor's degree and 2,000 hours of supervised experience.

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F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's free choice of provider in violation of §1902(a)(23) of the Act, except as provided for under §1915(g)(1) of the Act.

1. Eligible recipients' choice of providers of case management services will be limited under §1915(g)(1) to providers defined and described in item E, above.
2. Eligible recipients will have free choice of the providers of other medical care under the State plan.

G. Payment:

Payment for case management services under the State plan is made on a monthly basis and does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

1. Services that are otherwise eligible for payment on a separate schedule under Minnesota Rules, parts 9505.0170 to 9505.0475, or other rules of the Department, are not eligible for payment as case management services.
2. Persons who are receiving home and community-based services under a waiver granted pursuant to §1915(c) of the Act are not eligible to receive the case management services described in this supplement if the services duplicate each other.
3. Persons who are receiving case management services through the Veterans Administration are not eligible for medical assistance covered case management services while they are receiving case management through the Veterans Administration. This payment limitation is applicable only if Veterans Administration reimbursed case management services are substantially similar to case management services covered by medical assistance.
4. Persons who are receiving relocation service coordination services under Supplement 1b to this Attachment are not eligible to receive the case management services described in this supplement for that month.

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G. Payment: (continued)

5. Persons who are receiving case management services under Supplement 1c to this Attachment are not eligible to receive the case management services described in this supplement for that month.
6. The Department may suspend, reduce, or terminate the payment to a case management service provider that does not meet requirements, such as reporting. The county of responsibility, or, if applicable, the tribal agency, is responsible for any federal disallowances, but may share this responsibility with its contracted vendors.

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STANDARDS FOR COVERAGE OF ORGAN AND TISSUE TRANSPLANTS

Medical Assistance coverage of organ and tissue transplants is limited to the following:

- Procedures covered by the Medicare Program.
- Procedures and diagnoses approved by the Department and the Department's Advisory Committee on Organ and Tissue Transplants. These are published in the State Register.
- In accordance with §1138(a)(1)(B) of the Social Security Act, procedures performed in a facility that is a member of, and abides by the rules and requirements of, the Organ Procurement and Transplantation Network. The rules are found at 42 CFR Part 121.
- Organ transplants must be performed in a facility that meets United Network of Organ Sharing criteria for that organ transplant procedure or at Medicare-approved organ transplant centers, ~~unless approved by the Department's Advisory Committee on Organ and Tissue Transplants.~~
- Stem cell (bone marrow) transplants must be performed in a facility that:
 - 1) has been approved by the Department's Advisory Committee on Organ and Tissue Transplants; or
 - 2) has Foundation for the Accreditation of Hematopoietic Cell Therapy accreditation.
- Heart and liver transplants must be performed in a facility approved by Medicare to perform that procedure. A pediatric hospital that has met HCFA CMS approval criteria for performing a heart or liver transplant on a child may also perform these transplants.
- Cornea and kidney transplants must be performed in a facility that participates as a provider of services in the Medicare Program, and meets Department of Human Services standards of safety and efficacy.